

Godalming Angling Society Academy Days 2016 Consent Form



I would like my son/daughter _____ to take part in the **Godalming Angling Society Fishing Academy programme for 2016.**

I can be contacted on the number below in the event of an emergency. Any medical conditions that Society staff should be aware of, and are relevant, are given below. I consent to any emergency medical treatment necessary during the course of the activities

I consent to my son/daughter being given a mild painkiller (paracetamol) if considered necessary. **Yes** **No**

I consent to photographs being taken of my child and used by the Society for promotion and educational purposes **Yes** **No**

Emergency contact name: _____ Tel No: _____

Medical conditions (if any):

Special needs (if any):

Signed (electronic signature if using e-mail):

Date: _____

*You can either complete this form and e-mail it to dave@matchangler.com
OR bring the completed form with you on your first Academy day*